



Part Submission Warrant

Part Name <u>D472 2nd Row Center</u>		Cust. Part Number <u>CE-9374501B16-AD</u>	
Magna Part Number <u>D2FA-BUXXX-66501-XX</u>		Orig Part Number <u>CE-9374501B16-AD</u>	
Shown on Drawing No. <u>CE-9374501B16-AD</u>		Weight (kg) <u>0.688</u>	
Engineering Change Level <u>Initial Release</u>	Dated <u>11-Oct-10</u>		
Additional Engineering Changes <u>N/A</u>	Dated <u>N/A</u>		
Safety and/or Government Regulation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Purchase Order No. _____		
Checking Aid No. _____	Checking Aid Engineering Change Level _____	Dated _____	
ORGANIZATION MANUFACTURING INFORMATION		CUSTOMER SUBMITTAL INFORMATION	
<u>Windsor Machine & Stamping (2009) Ltd. (G&R P#3)</u>		<u>Magna</u>	
Organization Name & Supplier/Vendor Code <u>7085 Smith Industrial Drive</u>		Customer Name / Division	
Street Address <u>McGregor, ON N0R 1J0 Canada</u>		Buyer / Buyer Code <u>D472 Program</u>	
City <u>McGregor, ON</u>	Region <u>NOR 1J0</u>	Postal Code <u>Canada</u>	Country _____
Application _____			
MATERIALS REPORTING			
Has customer-required Substance of Concern information been reported?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
Submitted by IMDS or other Customer format:		<u>to be submitted</u>	
Are polymeric parts identified with appropriate ISO marking codes?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> n/a	
REASON FOR SUBMISSION (Check at least one)			
<input checked="" type="checkbox"/> Initial Submission	<input type="checkbox"/> Change to Optional Construction or Material		
<input type="checkbox"/> Engineering Change(s)	<input type="checkbox"/> Supplier or Material Source Change		
<input type="checkbox"/> Tooling: Transfer, Replacement, Refurbishment, or Additional	<input type="checkbox"/> Change in Part Processing		
<input type="checkbox"/> Correction of Discrepancy	<input type="checkbox"/> Parts Produced at Additional Location		
<input type="checkbox"/> Tooling Inactive > than 1 year	<input type="checkbox"/> Other-please specify below		
REQUESTED SUBMISSION LEVEL(Check one)			
<input type="checkbox"/> Level 1 - Warrant only (and for designated appearance items, an Appearance Approval Report) submitted to customer			
<input type="checkbox"/> Level 2 - Warrant with product samples and limited supporting data submitted to customer.			
<input checked="" type="checkbox"/> Level 3 - Warrant with product samples and complete supporting data submitted to customer			
<input type="checkbox"/> Level 4 - Warrant and other requirements as defined by customer.			
<input type="checkbox"/> Level 5 - Warrant with product samples and complete supporting data reviewed at organization's manufacturing location.			
SUBMISSION RESULTS			
The results for <input checked="" type="checkbox"/> dimensional measurements <input checked="" type="checkbox"/> material & functional tests <input checked="" type="checkbox"/> appearance criteria <input checked="" type="checkbox"/> statistical process package			
These results meet all drawing record requirements:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "NO" Explanation Required)	
Mold / Cavity / Production Process		<u>Headrest Rod / Foam /Trim</u>	
DECLARATION			
I affirm that the samples represented by this warrant are representative of our parts which were made by a process that meets all Production Part Approval Process Manual 4th Edition Requirements. I further affirm that these samples were produced at the production rate of <u>225 / 8</u> hours. I also certify that documented evidence of such compliance is on file and available for review. I have noted any deviations from this declaration below.			
EXPLANATION/COMMENTS: <u>waiting for trim submission from Intier Acuna</u>			
Is each Customer Tool Properly tagged and i <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a			
Organization Authorized Signature: <u>[Signature]</u>		Date <u>10-Feb-11</u>	
Print Name <u>Jerry Mitri</u>	Phone No <u>519-726-4010</u>	FAX No <u>519-726-5368</u>	
Title <u>Quality Manager</u>	E-mail <u>imitri@windsormachine.com</u>		
PPAP Warrant Disposition: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other _____			
Customer Signature <u>[Signature]</u>		Date: <u>2/11/11</u>	
Print Name <u>ROSE MARZAN</u>	Customer Tracking Number (Optional) _____		

Phase 1